

These forms are received with the approved Research Authorization.

**A. Trial report** to be returned to Ag Commissioner ' s office prior to crop harvest or destruction:

PR-REG-029  
(Rev. 9/98)

### EXPERIMENTAL TRIAL REPORT

To the County Agricultural Commissioner of \_\_\_\_\_ Authorization No. \_\_\_\_\_

County	Date Harvest Will Begin
Date	Trial Location
Disposition of Treated Commodity	
___ Crop will be destroyed or used for research purposes only.	_____
___ Crop will be analyzed for residues and marketed if tolerance is met.	Map No. _____ Company _____
___ Crop was marketed under the conditions of the RA.	Signature _____
___ Non-crop or non-bearing trial; no crop harvest or destruction.	Researcher (print) _____
___ No trials conducted in this county.	Phone No. _____

**B. Experimental Use Report** to be returned to Sacramento Office by "Completion Date" on RA:

State of California  
Department of Pesticide Regulation  
PR-REG-028 (Rev. 1/01)

### Experimental Pesticide Use Report

Authorization No. \_\_\_\_\_

Product Applied	Total Lbs. A.I. Used	Area Treated	Commodity Treated	Crop Disposition	Counties Where Trials Were Conducted
A					
B					
C					
D					
E					
<b>Notice:</b> This form must be returned to close out a Research Authorization. If no trials were conducted, indicate that above and return form.	Researcher				Return copy to: Plant Physiologist Pesticide Registration Branch Dept. of Pesticide Regulation P.O. Box 4015 Sacramento, CA 95812-4015
	Firm				
	Address				
	City, State				